

SUBSTANCE ABUSE TREATMENT FACT SHEET

Massachusetts Department of Public Health, Bureau of Substance Abuse Services

February, 2002

This fact sheet contains information about the impact of alcohol and other drug use in the Plymouth and Barnstable Senatorial District. Admission data were reported to the Bureau of Substance Abuse Services (BSAS) Substance Abuse Management Information System in FY 2001.

Residents of Plymouth and Barnstable Senatorial District

Treatment Admissions:

In FY 2001, there were 120,687 admissions to licensed substance abuse treatment services in all of Massachusetts. Of these, 2.9% (3,549) reside in the Plymouth and Barnstable Senatorial District. Due to budget cuts in FY 2002, BSAS estimates that 19% (674) of Plymouth and Barnstable Senatorial District residents will not be able to access treatment services. **Please note that these statistics represent only individual admissions, and represent a figure lower than the actual number of constituents in need of treatment services.**

- In FY 2001, 73.1% of admissions from the Plymouth and Barnstable Senatorial District were male and 26.9% were female.
- Over 60.5% of admissions were between the ages of 30-49.
- 89.6% of admissions were white non-Latino, 4.3% were black non-Latino, 2.1% were Latino, 0.24% were Asians, and 3.8% were other racial categories.
- 54.1% of those admitted to treatment were never married, 17.3% were married, and 20.2% reported not to be married now.
- 23.2% of admissions had less than high school education, 49.5% completed high school, and 27.3% had more than high school education.
- 39.2% of those admitted to treatment were employed.
- 15.8% of those admitted were homeless.
- 10.16% of admissions had prior mental health treatment.

Substances Used in Past Year:

Upon entering treatment, each client is asked to report ALL substances used in the past year (12 months) prior to admission. Admissions frequently report using more than one substance within the year. The use of more than one psychoactive substance, such as alcohol and marijuana, is referred to as 'polydrug' or 'polysubstance' use. For example, individuals who use cocaine, crack and heroin also may report the use of either alcohol and/or marijuana.

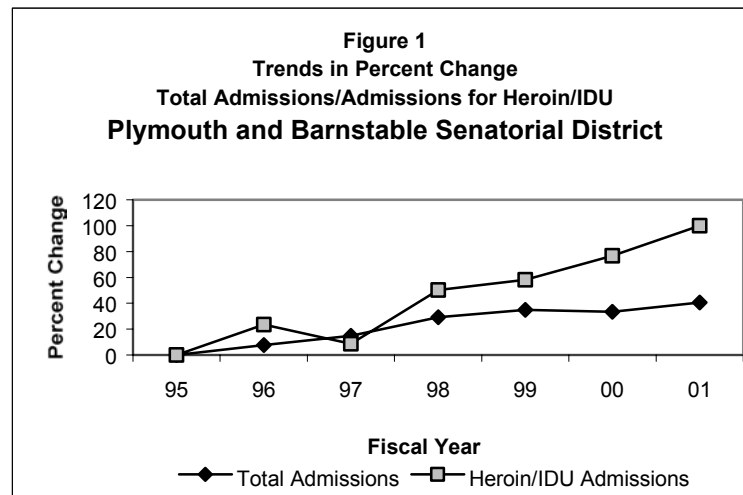
- Table 1 shows ALL substances which clients reported using in the year prior to admission, including the prevalence of injection drug use (IDU) in the Plymouth and Barnstable Senatorial District. Injection drug users (or IDU's) are individuals who use a needle to ingest cocaine, crack, heroin or another drug to get high.

Table 1 Annual Admissions by Substance Used FY 1995 – FY 2001							
Plymouth and Barnstable Senatorial District							
	Total	Alcohol	Marijuana	Cocaine	Crack	Heroin	IDU
FY '95	2,524	2,199	825	662	328	397	280
FY '96	2,716	2,280	923	748	398	497	339
FY '97	2,901	2,465	929	640	366	442	294
FY '98	3,262	2,696	936	682	351	617	400
FY '99	3,405	2,816	1,008	804	354	643	427
FY '00	3,364	2,753	935	774	338	712	485
FY '01	3,549	2,894	1,040	780	304	828	526

- Since FY 1995, residents of Plymouth and Barnstable Senatorial District reported a steady rise in alcohol, marijuana, cocaine, and heroin use, while crack use remained steady.

Heroin and Injection Drug Use:

Figure 1 below shows the proportional increases in all admissions in the Plymouth and Barnstable Senatorial District and the proportional increase in admissions reporting heroin and injection drug use, a factor driving increases in HIV¹.



- Total treatment admission for all modalities rose 41% between FY 1995 and FY 2001. During the same period, admissions for heroin and injection drug use treatment increased 100%.

Primary Substance of Use:

At admission clients also identify a “primary drug” of use which is the substance currently causing them the most problems.

- Table 2 compares the proportional distribution of primary drugs in Massachusetts with that for the Plymouth and Barnstable Senatorial District.

	Alcohol	Heroin	Marijuana	Cocaine	Crack
District	62.9%	19.2%	7.0%	4.1%	1.8%
State	46.5%	35.9%	6.5%	3.9%	3.4%

- While alcohol as a primary drug of use in your Senatorial District was higher than the State average, heroin and crack were lower within your District.

¹ The Schneider Institute for Health Policy, Brandeis University, 2000